

Click here to reset form

FORM 17 Rev 8/99

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.  
Step 2. Sample now, if intermediate or surface casing pressure >25 psi. In sensitive areas, 1 psi.  
Step 3. Conduct Bradenhead test.  
Step 4. Conduct intermediate casing test.  
Step 5. Send report to BLM within 30 days and to OGCC within 10 days. Include wellbore diagram if not previously submitted or if wellbore configuration has changed since prior program. Attach gas and liquid analyses if sampled.

1. OGCC Operator Number: 88370  
 2. Name of Operator: Timka Resources  
 3. BLM Lease No: \_\_\_\_\_  
 4. API Number: 05-121-10071  
 5. Multiple completion?  Yes  No  
 6. Well Name: Rickie Wood Trust Number: 2  
 7. Location (Qtr, Sec, Twp, Rng, Meridian): NW SE 17 3N SW 6  
 8. County: Washington  
 9. Field Name: Hardway  
 10. Minerals:  Fee  State  Federal  Indian

11. Date of Test: 3-9-2022  
 12. Well Status:  Flowing  Shut In  
 Gas Lift  Pumping  Injection  
 Clock/Intermittent  
 Plunger Lift  
 13. Number of Casing Strings:  
 Two  Three  Liner?

14. STEP 1: EXISTING PRESSURES

Record all pressures as found	Tubing: Fm: <u>35</u>	Tubing: Fm: _____	Prod. Casing: Fm: <u>35</u>	Intermediate Csg: _____	Surface Casing: <u>0</u>
-------------------------------	--------------------------	----------------------	--------------------------------	----------------------------	-----------------------------

15. STEP 2: See instructions above.

16. STEP 3: BRADENHEAD TEST

Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  With gauges monitoring production, intermediate casing and tubing pressures, open surface casing (bradenhead) valve (if no intermediate casing, monitor only the production casing and tubing pressures.) Record pressures at five minute intervals. Define characteristics of flow in "Bradenhead Flow" column using letter designations below: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisaper; S = Surge; G = Gas  BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid  Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input checked="" type="checkbox"/> Other: (describe) <u>NONE</u>  Sample cylinder number: _____	Elapsed Time (Min:Sec)	Fm: _____ Tubing:	Fm: _____ Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow:
	00:	<u>35</u>		<u>35</u>		<u>0</u>
	05:	<u>35</u>		<u>35</u>		<u>0</u>
	10:	<u>35</u>		<u>35</u>		<u>0</u>
	15:	<u>35</u>		<u>35</u>		<u>0</u>
	20:	<u>35</u>		<u>35</u>		<u>0</u>
	25:	<u>35</u>		<u>35</u>		<u>0</u>
30:	<u>35</u>		<u>36</u>		<u>0</u>	
Note instantaneous Bradenhead PSIG at end of test: > <u>0</u>						

17. STEP 4: INTERMEDIATE CASING TEST

Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No  With gauges monitoring production casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals. Characterize flow in "Intermediate Flow" column using letter designations below: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisaper; S = Surge; G = Gas  INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid  Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black <input type="checkbox"/> Other: (describe) _____  Sample cylinder number: _____	Elapsed Time (Min:Sec)	Fm: _____ Tubing:	Fm: _____ Tubing:	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow:
	00:					
	05:					
	10:					
	15:					
	20:					
	25:					
30:						
Note instantaneous Intermediate Casing PSIG at end of test: >						

18. Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. STEP 5: See instructions above.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Test Performed by: Todd Pivonka Title: Agent Phone: 970-590-5617  
 Signed: [Signature] Title: Agent Date: 3-9-2022  
 WITNESSED BY: [Signature] Title: agent Agency: Timka